

2008-2009 Renewal Application for the LAW ENFORCEMENT PERSONNEL DEPENDENTS GRANT PROGRAM

SECTION I: STUDENT INFORMATION (Please print or type)

Last Name	First Name	Middle Initial	Social Security Number	
Street Address	City		State	Zip Code
Date of Birth	Gender <input type="checkbox"/> (1) Male <input type="checkbox"/> (2) Female		Telephone Number ()	

SECTION II: SCHOOL INFORMATION (Please print or type)

Name of the school you will attend during 2008-2009 :	The number of units you have completed to date: _____ <input type="checkbox"/> Semester OR <input type="checkbox"/> Quarter Units
Your college educational level for the 2008-2009 academic year will be: <input type="checkbox"/> (1) Freshman <input type="checkbox"/> (2) Sophomore <input type="checkbox"/> (3) Junior <input type="checkbox"/> (4) Senior/continuing Undergraduate <input type="checkbox"/> (5) 5th Year Undergraduate <input type="checkbox"/> (6) Graduate or Professional	Indicated below are the number of units you plan to enroll in each term during the 2008-2009 academic year: <div style="text-align: right;"> Fall Term _____ Winter Term _____ Spring Term _____ </div>
Your living arrangements for the 2008-2009 academic year will be: <input type="checkbox"/> (1) with parents <input type="checkbox"/> (2) on campus housing <input type="checkbox"/> (3) off campus housing <input type="checkbox"/> (4) with relatives	
Are you attending a <u>CSU</u> or <u>UC</u> and receiving benefits from the Allen Pattee Program for the 2008-2009 academic year? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

To be considered for continued participation in the Law Enforcement Personnel Dependents Grant Program, I understand I must submit the following information with this application:

- 1. My 2008-2009 Student Aid Report (SAR), which is generated after filing the Free Application for Federal Student Aid (FAFSA).**
- 2. A copy of my current transcripts.**

SECTION III: STUDENT'S SIGNATURE OF UNDERSTANDING AND AUTHORIZATION TO RELEASE INFORMATION

By my signature I certify that I understand and agree to the following:

I am not in default on any state or federally insured educational loan and am free of any obligation to repay any state or federal educational grant.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the penalty, under federal or California state law, for submission of false or incorrect information on this form, may be repayment of the grant amount received with interest and additional penalties.

I am giving school official(s), and the California Student Aid Commission authorization to release and receive information concerning my educational loans, and student records between institutions and appropriate public and private agencies as required to determine my continuing eligibility for the Law Enforcement Personnel Dependents Grant Program.



Signature of Applicant

Date

Email Address

PLEASE RETURN IN THE ENCLOSED ENVELOPE AS SOON AS POSSIBLE

**STATE OF CALIFORNIA INFORMATION PRACTICES ACT OF 1977
& USE OF YOUR SOCIAL SECURITY NUMBER**

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The officials responsible for maintaining the information contained on this form are the Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The social security number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.